

INCIDENT ACTION PLAN

Incident Name: _____

Incident Number: _____

Date Plan Prepared: _____

Prepared By: _____

Operational Period Covered by This Plan:

Date: Start _____ Finish _____

Time: Start _____ Finish _____

Approved By:

OSC: _____

State IC: _____

RP: _____

TABLE OF CONTENTS

☐ Incident Briefing, ICS 201 (oil):

☐ Daily Map(s)

☐ Summary of Current Actions

☐ Current Organization Chart

☐ Resource Summary

☐ Incident Objectives, ICS 202 (oil):

☐ Daily Safety & Health Message

☐ Complete Site Safety Plan: (included in initial Incident Action Plan only)

☐ Organization Assignments, ICS 203 (oil)

☐ Division/Group/Assignment List, ICS 204 (oil)

☐ Radio Communications Plan, ICS 205 (oil)

☐ Medical Plan, ICS 206 (oil)

☐ Daily Schedule of Meetings, ICS 208 (oil)

☐ Incident Status Summary, ICS 209 (oil)

☐ Environmental Operations Plan, ICS 212 (oil)

☐ Air Operations Summary, ICS 220 (oil)

☐ Other: _____

☐ Other: _____

☐ Other: _____